

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-16-03.

## I. DISPUTE

Whether there should be reimbursement for CPT code 97799CP rendered on 2-3-03 in the amount of \$1560.00.

## II. FINDINGS

The respondent denied reimbursement based upon “V - Unnecessary Treatment (with Peer Review) and F – Fee Guideline MAR reduction”

The insurance carrier’s representative, \_\_\_, gave preauthorization approval on 1-16-03 for 20 pain management sessions. Therefore, the insurance carrier violated Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medically unnecessary. The pain management sessions will be reviewed in accordance with the Commission’s *Medical Fee Guideline*.

## III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-3-03	97799CP	\$1560.00	\$0.00	V	DOP	Rule 134.600 Rule 133.301(a) Medicine GR (II)(E)(2)(c)	The insurance carrier indicated that they accepted the charge and payment of \$1560.00 would be made.  On 3-17-04, the Medical Review Division contacted the requestor’s representative, ___, and payment has not been received.  Documentation supports billed service, reimbursement of \$1560.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$1560.00</b> .

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99779CP in the amount of \$ **1560.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1560.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of March 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division